MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036330 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4719

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
23428 2 DATE AMENDED
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4 1
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7 0
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9 4200
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF Otto W. Theel

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 18 1963

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 30 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kimbell Nursing
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1108 E. 29th. St.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Lydia Ann Mitchell

4. DATE OF DEATH Month Day Year: 8-24-63

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3-14-1871

9. AGE (last birthday): 92
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Weston Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Selman Wallace

13b. MOTHER'S MAIDEN NAME: Mary Ann Kinsinger

14. NAME OF HUSBAND OR WIFE: John M. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of servi)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. O. D. Sharp 1112 Newton K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypostatic Congestion
DUE TO (c): Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-1-63 to 8-24-63 and last saw her/him alive on 8-24-63
Death occurred at 6 30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Otto W. Theel M.D.

22b. ADDRESS: 4301 Main St. KC Mo

22c. DATE SIGNED: 8-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-28-63

23c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge Memetery

23d. LOCATION (City, town, or county) (State): Weston Missouri

24. FUNERAL DIRECTOR ADDRESS: Vaughn Funeral Home Weston Mo

25. DATE RECD. BY LOCAL REG.: 8-26-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

Dr. Thiel
Waterman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. R. Vaughan

Licensed Embalmer No. 4032

P. O. Address Wheaton Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.